



The Royal Australian and New Zealand College of Radiologists®

Additional Information for the assessment of Diagnostic and Interventional Radiology

Clinical Radiology assessment applicants are requested to complete the following in addition to the Medical Council of New Zealand's *VOC3: Application for registration within a provisional vocational scope of practice* document.

Name (First/ Last)	
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1. Internship / work experience prior to entering specialist training

Start and end dates	
Country of internship / work experience	
Hospital(s)/ Network(s)	
Position titles	
Rotations completed	
On-call responsibilities	
Other	

2. Specialist Training

Entry into training (mark all that apply)	<input type="checkbox"/> Exams <input type="checkbox"/> Interview Other:
Start and end dates	
Duration of training (years)	
Year awarded	
Name of formal training program	
Training site accreditation body	
Hospital/ Network	
Country & City	
Main training site details: <i>Including number of beds, number of FTE consultant radiologists and number of trainees in cohort</i>	
Position title	
On call responsibilities	Commenced: Comments:
Supervision during training <i>Please provide details</i>	
Organised education sessions	Frequency: Comments:

Modality system based rotations <i>Please provide details of rotations including length (eg 2 month rotation in years 1 & 3)</i>	<input type="checkbox"/> MRI: <input type="checkbox"/> CT: <input type="checkbox"/> Obstetrics/ Gynae: <input type="checkbox"/> Mammography: <input type="checkbox"/> Interventional procedures: <input type="checkbox"/> Paediatrics: <input type="checkbox"/> Neuro/ Head/ Neck: <input type="checkbox"/> Thoracic/ Cardio: <input type="checkbox"/> Nuclear medicine:
Body system based rotations <i>Please provide details of rotations including length</i>	
In training assessments <i>Please provide summary of type and frequency</i>	
Early/ mid training progression examinations	<input type="checkbox"/> Yes <input type="checkbox"/> No Topics examined:
Progression through training requirements <i>Eg; assessments & examinations.</i>	
Research	
Other	

2a. Training Program Written Exit Examinations

Written examinations	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which year of training were final examinations completed	
No. of written components	
Format (Mark all that apply)	<input type="checkbox"/> MCQ <input type="checkbox"/> Short answer <input type="checkbox"/> Long answer Comments/ Other:
Allowable attempts	
Examining body	<input type="checkbox"/> National examination <input type="checkbox"/> Regional examination <input type="checkbox"/> External examiners <input type="checkbox"/> Internal examiners
Other comments	

2b. Training Program **Oral** Exit Examinations

Oral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Components (Description)	
Format	<input type="checkbox"/> Viva voce <input type="checkbox"/> OSCE Other
Allowable attempts	
Examining body	<input type="checkbox"/> National examination <input type="checkbox"/> Regional examination <input type="checkbox"/> External examiners <input type="checkbox"/> Internal examiners

Other comments	

3. Post Training and Recent experience

Post training Fellowships/Subspecialty training <i>Location, position title, subspecialty, duration</i>	
Consultancy work experience <i>Brief summary, no of years, focus areas, on-call</i>	
Self-identified recency of practice gaps.	

4. Continuing Professional Development

Do you currently participate in a formal CPD/ CME program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of program	
Details of program <i>Points required per annum Activities required</i>	
Is there an audit requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you successfully completed requirements for each year/ period enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Other

Have you worked in Australia <i>Please provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you assessed on the Specialist Recognition pathway in Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the outcome	
Have you commenced sitting RANZCR Part 2 Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No